

## Women/Maternal Health

### State Action Plan Table (New Mexico) - Women/Maternal Health - Entry 1

#### Priority Need

Improve access to care across the life span, from prenatal to adult well-woman care, including adequate insurance access and utilization.

#### NPM

NPM 1 - Percent of women with a past year preventive medical visit

#### Objectives

The adequacy and accessibility of the delivery of care for pregnant women will be increased in 5 years

#### Strategies

In the capacity of the licensing authority for midwives, MHP will continue to promulgate regulations and guidelines, and explore improvements to the licensing process, for the midwifery workforce.

Restart a Maternal Mortality Review Committee in the state. Develop committee policy and procedures for case notification, case review, data reporting and recommendations, at the care and policy levels, to stakeholders.

Through collaboration with NM's Title X Family Planning Program, support access to well-women care through the appropriate use and application of NM Family Planning Program clinical protocol.

At health fairs, increase presence/advertising to promote services at Public Health Offices and Federally Qualified Health Centers.

Create and present a training in Spring 2017 to licensed direct-entry midwives who see Medicaid clients in collaboration with the state's Medicaid Division and managed care organizations providing health care coverage to Medicaid clients.

Add a question on "completion of post-partum visits by clients" to the Quarterly Reporting mandated by NM Licensed Midwives Practice Rule (NMAC16.13)

#### NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Objectives

Increase the delivery of higher-risk infants and mothers at appropriate level facilities around the state.

Strategies

Develop educational model for identifying indications for transport of high-risk pregnant women

Complete the assessment of neonatal and maternal Levels of Care (LoCATE) at all birth hospitals in the state.

Develop a key from the LoCATE assessment that will facilitate review of high risk morbidity and mortality cases (maternal and neonatal)

Create an interdisciplinary taskforce that will address the adequacy and appropriateness of maternal and neonatal transfer protocols at birth hospitals using the findings of the LoCATE Survey.

Maintain the Maternal Mortality and Morbidity Review process (restarted 7/2016) in the state to carry out the functions of #3 in the maternal population.

## Perinatal/Infant Health

### State Action Plan Table (New Mexico) - Perinatal/Infant Health - Entry 1

#### Priority Need

To maintain and increase breastfeeding initiation and duration

#### NPM

NPM 4 - A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

#### Objectives

Increase the number of NM delivery facilities with Baby-friendly status and corresponding mother/self-reported experience

Fill measurement gaps to capture breastfeeding duration in NM

Integrate and define the relationship between SUID/SIDS prevention and breastfeeding promotion

Establish monitoring and reporting on mother-friendly workplaces and employers in NM

#### Strategies

Utilize PRAMS to measure the correspondence between self-reported experience and the facility identification as baby-friendly

Clearly define and pilot a home visiting curriculum which promotes breastfeeding support while simultaneously promoting safe sleep practices for families and their infants

Collaborate with the March of Dimes, Children Youth and Families Department, and UNM Envision to co-brand messaging around safe sleep and breastfeeding

Collaborate with the NM breastfeeding taskforce and the WIC breastfeeding program to monitor anticipated progress in breastfeeding initiation and duration at baby-friendly facilities in NM

Share data and combine analytic efforts with UNM Envision, the NM Breastfeeding Taskforce and NMDOH to document the return on investment of breastfeeding and supportive workplace policies in NM

Continue longitudinal data collection and data linkage.

#### NOMs

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Priority Need

To improve safe sleep practices among home visiting participants and birthing facility medical staff

Objectives

Increase the number of NM birthing facilities who have developed safe sleep education protocols and who have policies clearly defining the information given to families at delivery.

Increase the number of home visitation and perinatal case management staff with train the trainer preparation for Safe Sleep/Purple crying and Shaken Baby education in NM.

Develop and test effective safe sleep media messaging for diverse audiences in NM

Strategies

Primary driver: Health care professionals understand, actively endorse and model safe- sleep practices. Convene statewide birthing hospital summit to share best practices and continuing education for hospital staff.

Tie Safe Sleep and Breastfeeding promotion efforts together.

Consult with four regional media companies with an emphasis on American Indian/Native audiences and families of all ethnicities, as well as a bilingual families, regionalized for cultural differences across NM.

## Child Health

### State Action Plan Table (New Mexico) - Child Health - Entry 1

#### Priority Need

To increase the percentage of children receiving a developmental screen

#### NPM

NPM 6 - Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

#### Objectives

The percent of children receiving a parent-completed developmental screen will increase by 1% annually, as reported by the National Survey of Children's Health

#### Strategies

Expand developmental screening activities in early care and education, link training and increase appropriate referrals when needed among medical homes, early intervention services, child care programs, and families.

Engage pediatric providers, other child health providers, infant mental health consultants, home visitors, and other related professionals in local communities to improve linkages and referrals

Utilize and promote training to early care and education professional who serve young children.

Promote public awareness of child development.

Capture and document developmental and behavioral health screening and referral activities across early care and education, health, and early intervention systems.

#### NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children in excellent or very good health

State Action Plan Table (New Mexico) - Child Health - Entry 2

Priority Need

To decrease abuse and maltreatment of children

Objectives

Reduce incidence of child abuse and neglect

Provide most vulnerable families and neighborhoods with family support services

Strategies

Identify most vulnerable families and neighborhoods and utilize "mapping" data bases to overlay risk factors for most need.

Develop policy recommendations based on community engagement and leverage resources to expand the home visitation system to provide services for all families identified as most vulnerable

Expand and fund home visitation services for children and families with three or more identifiable risk factors, including those referred by Protective Services

Utilize the AMCHP Lifecourse indicators on concentrated disadvantage and Adverse Child Experiences (ACE) to assess the geographic and population risk areas to address child maltreatment and domestic violence.

Collaborate effectively across state agencies, children's advocacy groups and professional consultants to develop a shared vision and strategic plan to prevent child abuse in NM

## Adolescent Health

### State Action Plan Table (New Mexico) - Adolescent Health - Entry 1

#### Priority Need

To improve access and quality of comprehensive well exams for adolescents

#### NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

#### Objectives

Increase the percentage of adolescents who are on Medicaid who receive an annual comprehensive well child exam

#### Strategies

Implement strategies that promote the Positive Youth Development Approach and target different areas of the Socio-Ecological Model.

Increase health literacy education for adolescents age 10-24.

Implement youth-adult trainings & campaigns to increase awareness to youth & families about the importance of well exams.

Promote youth-friendly & quality health services training within schools, school-based health centers & public health offices.

Implement Quality Improvement initiatives through school based health centers focusing on improving the quality of well child exams.

Improve Access and Utilization of Preventive Services

Improve State- and Systems-Level Policies and Practices

#### NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

NOM 18 - Percent of children with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

State Action Plan Table (New Mexico) - Adolescent Health - Entry 2

Priority Need

To reduce birth rates among teens 15-19

Objectives

Teen birth rate for teens 15-19 will be reduced by 30% in 5 years

Strategies

Provide clinical services that accommodate teens by means of accessible locations (e.g. school-based health centers) and clinical practices (e.g. providing teen-friendly methods including long-acting reversible contraception).

Fund, monitor, and evaluate the implementation of evidence-based teen pregnancy prevention education programming in communities across the state

Engage with FPP on expanding use on social media resources on delaying first and repeat pregnancies (BrdsNBz, Text4Baby, DayOne/DayTwo).



## Children with Special Health Care Needs

### State Action Plan Table (New Mexico) - Children with Special Health Care Needs - Entry 1

#### Priority Need

Increase access to care to a family-centered comprehensive medical home for children and adolescents

#### NPM

NPM 11 - Percent of children with and without special health care needs having a medical home

#### Objectives

Increase the percentage of pediatric clinicians in New Mexico who have effective policies and procedures in place to provide effective integration of physical health, oral and behavioral health care and have an effective method for cross-provider communication.

Increase the percentage of pediatric clinicians in New Mexico who provide preventive health assessments in accordance with Bright Futures.

Increase the percentage of families who have access to patient and family centered care coordination that respects the culture and primary language of the family to assist in integrating physical, oral and behavioral health issues into the care plan.

#### Strategies

Collaborate with the New Mexico Child Health Improvement program ENVISION to provide training to pediatric providers on care integration and cross provider communications.

Collaborate with the National Center for Medical Home Implementation to provide technical assistance to pediatric clinicians.

Collaborate with the New Mexico Pediatric Society to provide training to PCP's and their staff on Bright Futures including information on how to bill for screenings and assessment.

Collaborate with the National Center for Medical Home Implementation to provide technical assistance to pediatric clinicians.

Collaborate with the New Mexico Child Health Improvement program ENVISION to provide training to pediatric providers on care coordination.

Increase collaboration between the Title V CYSHCN program care coordinators, the Managed Care organizations who also provide care coordination and Family leaders representative of the diverse cultures in the State to strengthen the best practice model for children with special needs and their families across the state.

Provide input and recommendations to Medicaid on the Section 1115 Medicaid Waiver Renewal regarding the medical home and the importance of care coordination and diverse family engagement to strengthen the system of care for CYSHCN in the state and promote best practice.

#### NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

NOM 19 - Percent of children in excellent or very good health

NOM 22.1 - Percent of children ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3\*:3:1:4)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

## State Action Plan Table (New Mexico) - Children with Special Health Care Needs - Entry 2

### Priority Need

To increase the amount of services available to assist adolescents to make successful transitions to adult health care services

### NPM

NPM 12 - Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

### Objectives

Increase the percentage of pediatric and pediatric specialty care practices who report that they have written health care transition policy and process to help youth with special health care needs prepare and plan for transition to the adult physical and behavioral health care systems

Increase the percentage of adult primary and specialty care practices that report they have a written health care policy or approach to support youth with special health care needs to integrate into the adult health care practice

### Strategies

Collaborate with the Transition Task Force to implement policy and practice recommendations for pediatric practices

Collaborate with the NM Family to Family Health Information Center and the Center for Development and Disability to provide resources, supports and training to pediatric health care providers, and to families and youth on health care transition for physical and behavioral health.

Collaborate with Got Transition to provide technical assistance to pediatric providers in developing transition policy

Collaborate with the NM Family to Family Health Information Center and the Center for Development and Disability to provide resources, supports and training to adult health care providers, and to families and youth on physical and behavioral health care transition

Collaborate with Got Transition to provide technical assistance to pediatric providers in developing transition policy

Provide input and recommendations to Medicaid on the Section 1115 Medicaid Waiver Renewal regarding transition for CYSHCN to strengthen the system of care for CYSHCN in the state and promote best practice.

### NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

NOM 19 - Percent of children in excellent or very good health

## Cross-Cutting/Life Course

### State Action Plan Table (New Mexico) - Cross-Cutting/Life Course - Entry 1

#### Priority Need

Improve access to care across the life span, from prenatal to adult well-woman care, including adequate insurance access and utilization.

#### NPM

NPM 15 - Percent of children ages 0 through 17 who are adequately insured

#### Objectives

Improve access to and navigation of health insurance coverage and resulting services; learn how ACA has impacted the access and how navigation can be implemented

Increase prenatal utilization in the first trimester (and by adequacy index)

Improve linkages and referrals between existing health services to optimize primary and specialty or behavioral health and wrap around care; improve cross-border collaboration

#### Strategies

Present to and hear from the communities on health priorities and solutions or strategies for the next 5 years; in particular survey the families and clients to know if we are on the right track with our needs assessment and strategic planning

Improve state collaboration between DOH, HSD, and tribal health entities, including Albuquerque Area Indian Health Board (AAIHB), Tribal Epidemiology Centers, and Medicaid Managed Care tribal liaisons to evaluate access to post- ACA insurance coverage for Native American families.

Continue to expand and reinstate insurance navigation staff and outreach statewide

Coordinate inter-agency solutions to facilitate transition from prenatal Medicaid to adequate postpartum and well-woman insurance coverage

Continue to expand and coordinate navigation support for families trying to access insurance from the perinatal period through adolescence

Organize with regional community health workers/promotoras, DOH case coordinators, and navigators to coordinate support for families trying to access insurance from the perinatal period through adolescence

#### NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

NOM 21 - Percent of children without health insurance

State Action Plan Table (New Mexico) - Cross-Cutting/Life Course - Entry 2

Priority Need

To increase and improve access to preventive dental care in pregnant women and children

NPM

NPM 13 - A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

Objectives

Increase the percentage of women who have a dental visit during pregnancy

Increase the percentage of children aged 1 to 17 who had preventive visit in the past year

Strategies

Apply a focus on systems building and theory-based clinical change to build an MCH primary care oral health care delivery model

Translate the California Evidence-Based Practice oral health guidelines to implement oral exams, clinical risk-based screening and management, patient education and referrals to dental providers in primary settings for pregnant women

Promote the importance of oral health via a state wide health education campaign

Work with the NM Pediatric Association to educate physicians as the first contact of children to promote oral health, increase the use of fluoride varnish and dental case management

Promote the development of inter-agency partnership that will champion and promote oral health programs and initiatives

Implement inter-agency partnerships to coordinate dental and other services.

NOMs

NOM 14 - Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months

NOM 19 - Percent of children in excellent or very good health